COUNTY OF SAN DIEGO DEPARTMENT OF PARKS AND RECREATION VOLUNTEER APPLICATION

NAME:											
HOME PHONE:			te Phone:								
ADDRESS:											
	Street					State Zip					
EMAIL:											
EMERGENCY CONTACT INFO:	Name: Relationship:										
	Phone number(s):										
CURRENT OCCUPATION:											
Have you served as a Department Parks and Recreation Volunteer? Yes / No If 'Yes', please list locations and approximate dates below:											
Have you ever been convicted of a felony? You may omit any marijuana-related violations of any of the following sections of the Californian Health and Safety Code: 11357(b) or (c), 11360(c), 11364, 11365 or 11550, or a statutory predecessor to these sections. Yes / No If yes, please provide date convicted, Court, location and charge:											
Volunteer position yo	u are se	eking:									
Park Host		Ranch Hand		Trail Maintenance		Community Center					
Recreation		Docent/Naturalist		Youth Mentor		Park/Trail Patrol					
Day Volunteer		History Volunteer		Coach		Other					
Which park(s) are you		•				<u> </u>					
Highlight your educat Program (You may at	tach a r	esume).	und/exper	iences that you feel ma	y contribi	ute to the County Pa	rks and Recreation v	olunteer			
Name:	es not r	<u> </u>	Phone #:			l R	Relationship:				
Name			Dhana #				Relationship:				
Name:			Phone #:				•				
Name:			Phone #:		F	Relationship:					
How did you hear about this program:											
Another Family/F Workam	riends	s Vo	lunteer S lunteer I irk Flyer		Park S Newsp Other	paper					

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** FOR PARK HOST APPLICATIONS ONLY **																	
Please ir	ndicate	the da	ates you	are al	ble to	commi	it to and	d then p	olease also	circle le	ngth	h of stay d	lesire	ed:			
3 mos:	Yes	No	6 mos	s: Y	'es	No		9 mos:	Yes	No		1 year:	Υ	es	No		Other
Indicate type of recreational vehicle, length, slides; also tow vehicle, if applicable, and/or other passenger vehicle(s):																	
Motorhome: Camper:						Trailer:							Additional Vehicles:				
Length/Slides: Length/Slides:					Length/Slides:												
									ng conditio on all vehic		ady :	to relocate	e at a	a mom	ent's not	ice fo	or emergency purposes.
PETS: If with you								you wi	ill have wit	h you. (Y	'ou	must have	e pro	of of y	our pets'	' curr	rent rabies vaccination
Dogs:					Cats:						(Other:					
FOR ALL APPLICANTS																	
Please indicate which skills apply to you:																	
Custo	dial, s	uch	as jani	torial	l, tra	sh ha	uling_										
Office	skills	, suc	h as co	ompı	uter,	fee ha	andlin	g, rec	ord keep	ing							
Gardening/Landscaping, such as irrigation systems, turf maintenance																	
Shop	skills,	such	ı as pa	intin	g, ca	arpent	ry, ha	nd to	ol use, p	ool mai	nte	enance_					
Interpretation/Public Information, such as natural, cultural knowledge, environmental education, art & crafts																	
Please provide any additional information, such as certifications or skills not noted above that you might have:																	
I understand that additional information will be needed, such as Driver's License and Social Security Number and that a background check and medical screening may be required. I affirm that I am at least 18 years of age and that all information is true and accurate to the best of my knowledge.																	
Sig	ınatur	e of	Applica	ant					_				Ē	Date			
Please submit your application to:																	

Please submit your application to:

Volunteer Coordinator County of San Diego Department of Parks and Recreation 5500 Overland Avenue, Suite 410 San Diego, CA 92123

Ph: 858-966-1335 Fax: 858-

Email: cheryl.wegner@sdcounty.ca.gov

www.sdparks.org